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William B. Wilson

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An
Inaugural Dissertation
On
Scarfeurak Fever;
(By)
William B. Wilson,
Of
Pennsylvania.

Philadelphia
January 12th 1826

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William D. Peaves, M.D.

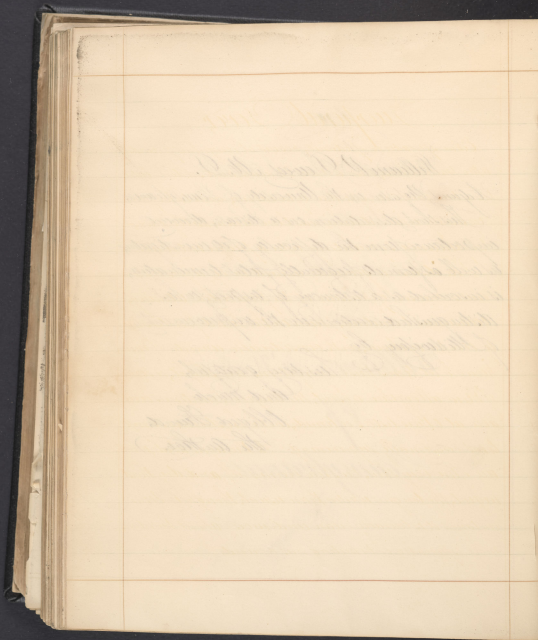
Adjunct Professor in the University of Pennsylvania
This short dissertation on a disease, deriving
importance from the difficulty of its investigation,
as well as from its frequently fatal termination,
is inscribed as a testimony of respect to his
distinguished exertions in the improvement
of Midwifery, by

His very grateful,

and much

Obliged Friend,

The Author.



Puerperal Fever

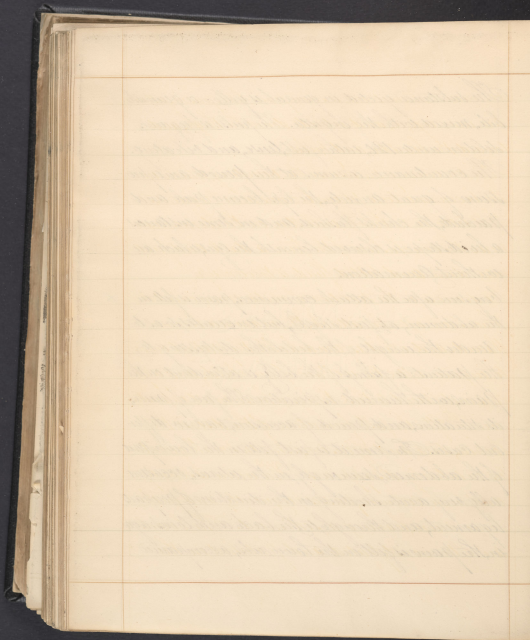
Either sporadic or epidemic, occurs at irregular periods after parturition, often within 24 hours, and seldom later than the fourth or fifth day after labour, and takes place frequently where delivery has been unassisted, & the placenta separating after a proper interval.

The disease is generally ushered in by rigors & slight shudders, nausea, oppression of the praecordia, retching, occasional vomiting, pain in the head particularly over the eyebrows, with considerable anxiety of mind, though at times these symptoms are slight, or some of them altogether absent. The temper sometimes is variable at other times listless & timid, with hysterical symptoms occasionally supervening. As the rigors abate, which are often very short, the skin becomes hot, and dry, thirst urgent, the tongue, whiter than usual, though in some instances it is tolerably clean and moist about the edges, more especially if vomiting has occurred.

Chapter

The substance ejected in general, is yellow or greenish
bile, mixed with the ingesta. The pulse is frequent,
seldom under 120, rather full, tense, and vibrating.
The countenance assumes at this period an expres-
sion of great anxiety, the lips become pale and
pruinose, the cheeks flushed, and, in some instances
a livid stripe is observed beneath the eyes, which are
without animation.

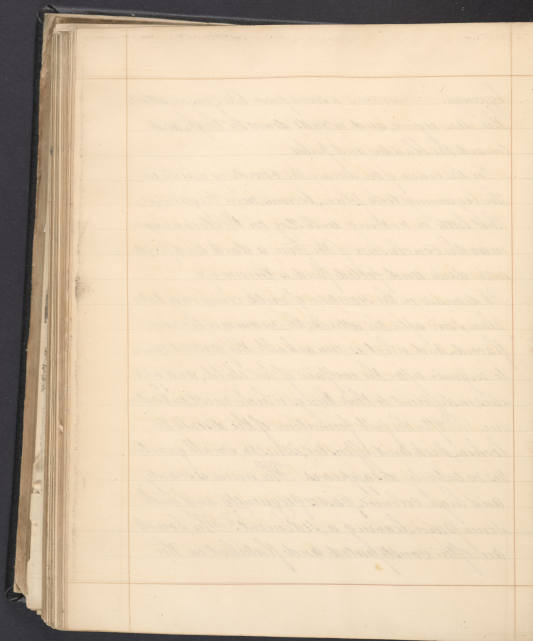
Very soon after the attack commences, pain is felt in x
the abdomen, at first slight, but increases so as to
under the weight of the bedclothes distressing to
the patient: a fulness of the belly is attendant on the
pains, with hurried respirations. The free of pains,
its situation, and period of accession, vary in differ-
ent cases. The pain is first felt in the lower part
of the abdomen, sometimes, in the uterus, occasion-
ally very acute, shooting in the directions of prepu-
erium, and thence to the back and loins: again,
the pain is felt in the lower ribs, accompanied



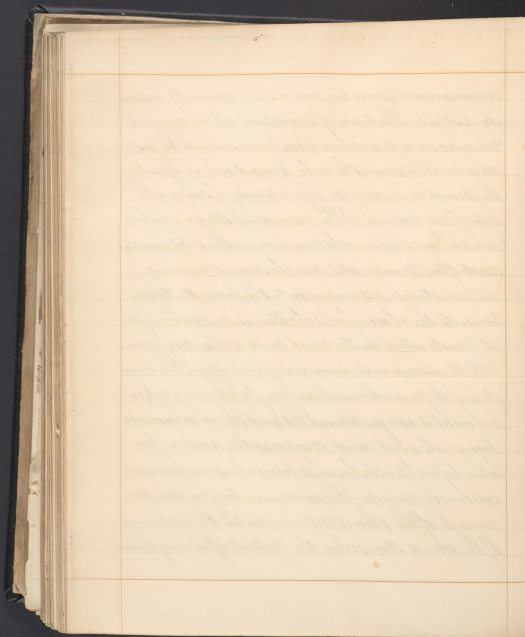
by cough. Sometimes a severe pain-like spasm attacks the iliac region, and extends down the thigh, and toward the bladder and pubes.

In the course of the disease the vomiting which in the beginning took place, becomes more frequent, so that little or nothing will stay on the stomach, and near the conclusion of the fever a dark and frequently stasid and fetid fluid is thrown up.

A decrease in the secretion of milk commonly takes place soon after the attack; the mammae become flaccid, and, what is remarkable the patient ceases to inquire after the welfare of her child, and appears indifferent to those things which most interest her. After the full formation of the disease the lochia, dark and offensive, issues in small quantities or entirely disappears. The urine is scanty and high colored, passes frequently and with some pain, leaving a sediment. The bowels are often constipated and flatulent in the



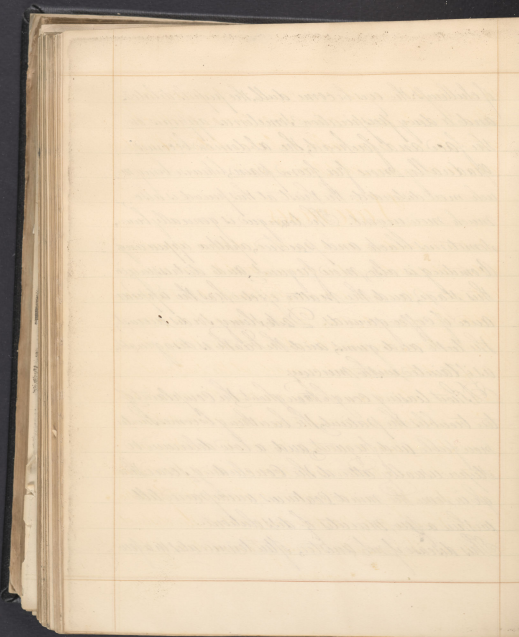
commencement, and the patients are generally extremely restless. The train of symptoms above enumerated may in a practical view be considered the first stage of the disease; the only period which offers to the practitioner a fair opportunity of saving the life of his patient. The preceding stage of febrile excitement seldom continues more than 50 hours, and often terminates much sooner, running, if not arrested in its course, into the second stage, towards the close of which, there is evidence of great prostration in the vital and voluntary powers. As the disease advances to its final stage, the condition of the pulse bears clear proof of its progress, rising until it ranges between 140 and 160 in a minute, being also soft and compressible, and a few hours before death, becomes tremulous, irregular, and extremely rapid. The increased temperature and dryness of the skin, continues until the approach of the second stage, when the patient often complains



of chilliness: the eyes become dull, the pupils dilated, and a dazy perspiration sometimes appears on the face and forehead; the abdomen becomes gradually more free from pain, likewise being much more distended: the thirst at this period is also much more urgent. The tongue is generally brown, sometimes black and pasty, aphtha appearing. Vomiting is also more frequent, and distressing in this stage, and the matter ejected has the appearance of coffee-grounds. Dark, slimyordes increase, the teeth add gums, and the breath is disagreeable, as if tainted with mercury.

Not lasting enough throughout the complaints of the troubles the patient, the breathing becomes shorter, more feeble and frequent, and a low delirium or stupor usually attend the concluding scene. There is some the mind continues undisturbed till within a few minutes of dissolution.

This disease if not arrested, often terminates in a few



days: the danger is augmented & decreased in
Proportion as the interval or period of attack
is shorter or longer after labour, if short the fat-
ality is increased & vice versa.

Typhoid.

Notwithstanding the necessity and importance of
a distinction between this disease, and the low child-
bed fever of lying in women, has hitherto strongly in-
debted to be many writers, I believe of in a therapeutic
point of view, they should be thought essentially dif-
ferent, the distinction will be made at the instance
of the Patient. Those however who strenuously ad-
here to nosological minuteness, may contend that in
the rise, progress, and results of purpural fever there are
circumstances which clearly mark it from puerperal,
yet I believe they will be found fallacious in Practice. *
I shall therefore only particularly notice the distinc-
tions in milk fever, after painful inflammation of the

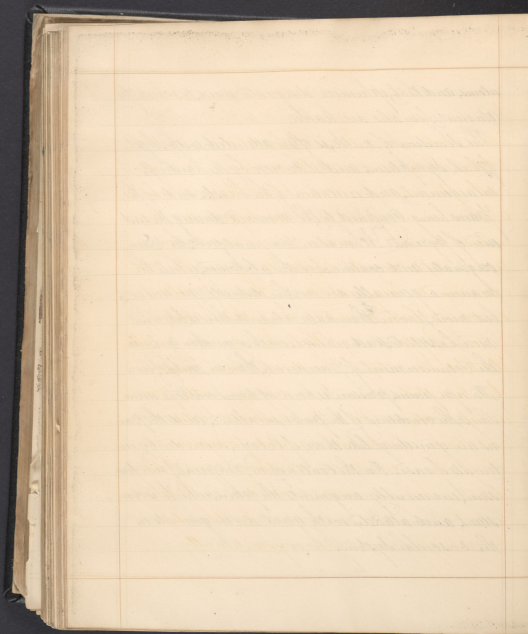
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ulcers, and that of phlegma designates food, to which phlegma
themselves are liable.

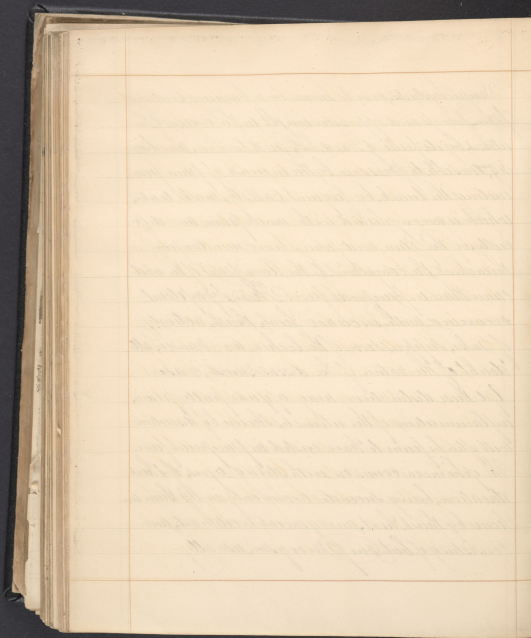
The secretion of milk, is often attended with slight
febrile symptoms, and is known by the hardness,
caliginous, and irritation of the breasts, and by the
plasma being confined to the mamma during the exist-
ence of pyrexia. When as in puerperal fever, the plasma
originates and continues in the abdomen, while the
mamma generally are neither distended nor uneasy,
but more flaccid than natural, and there is likewise
more lassitude, and nausea, with a quicker pulse in
the commencement of puerperal fever, in milk fever.

On a pain, pressure is born at times without uneasiness,
the condition of the pulse unequal, and the pains
are grinding like those of labour, succeeded by inter-
vals of ease. On the contrary in puerperal fever pro-
fuse, insensibly augments the pain, which is con-
stant, and attended with great derangements in
the vascular system.



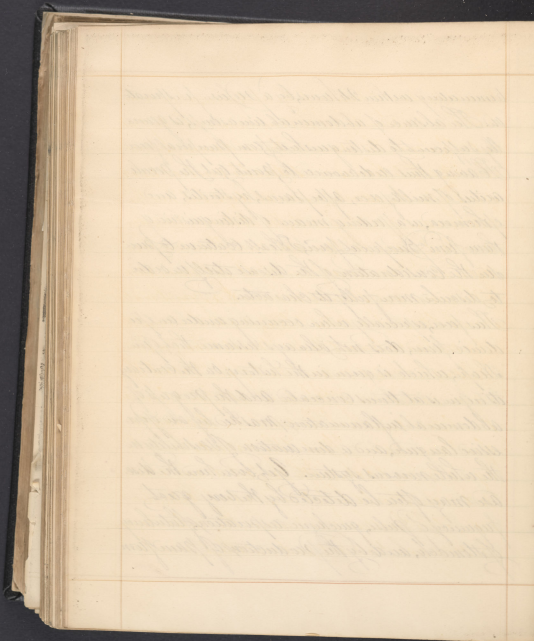
Simple pyelitis, may be known by a burning, throbbing
pain, fulness and oppressive weight in the region of the
uterus, by its feeling hard, hot, and tender, and be-
ing sensible to pressure, by the increase of pain from
crouching the trunk, by frequent calls to micturate,
which is accomplished, with much pain and diffi-
culty, the pain and fulness being more confined
throughout the complaint to the lower part of the abd-
omen than in puerperal fever. These symptoms
occurring with increased heat, thirst, activity
of pulse, suppression of the lochia, and nausea, all
doubt of the nature of the disease, must cease.

Yet these distinctions may appear partly plain,
inflammation of the uterus is shown by dissection
will often be found to have existed in puerperal fever.
The pyrexia comes on with strong signs, of short
duration, being succeeded commonly in 4 or 5 days
more by thirst, heat, and general excitation, and
consisting of but one paroxysm, usually

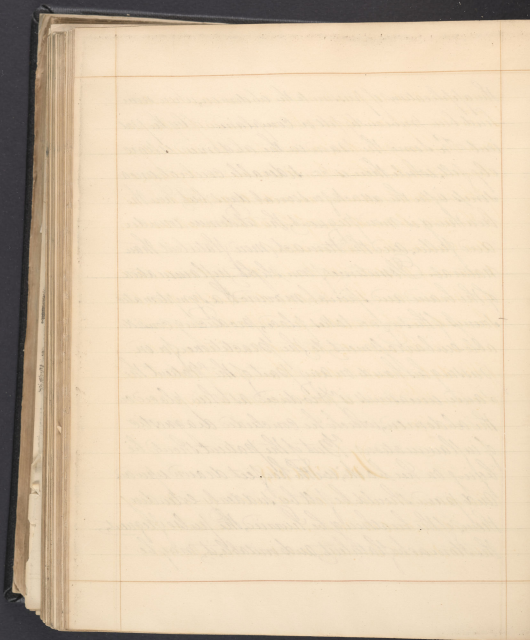


hemorrhaging within 24 hours, by a profuse perspiration.
The absence of abdominal tenderness, is generally
sufficient to distinguish it from puerperal fever.
Amongst this evidence to point out the peculi-
arities of milk fever, after puerperal fever, and
phlebotomy, as affording means of distinguishing
them from puerperal fever. I shall continue to pre-
senter the consideration of the disease itself in order
to describe more fully its character.

This fever, especially when occurring under an epi-
demic form, does not always assume that open
state, which is given in the history; on the contrary
it is in is at times concealed under the progress of
abdominal inflammation, marked by an oppre-
ssive languor, and a diminution of sensibility in
the whole nervous system. Yet even here the dis-
ease may often be detected by the very great
frequency of pulse, quickened respiration, flatulency
of stomach, and by the reduction of pain from



The application of pressure to the abdomen, when none
had been previously felt or complained of by the pa-
tient. In some the pain in the abdomen is scarce-
ly felt, while there is considerable cerebral unea-
siness after the attack for several days, but here the
breathing is more frequent, the abdomen rounder
and fuller, and the stomach more flatulent than
natural. Sometimes from slight inflammation
of the brain and spinal marrow a symptomatic
tremor of the surface takes place, producing consid-
erable embarrassment to the practitioner, for on
passing his hands on any part of the patient the
shuddering uneasiness is produced as when placed on
the abdomen, which he concluded diagnostic
of inflammation. But if the patient should be
lying on her back, with the knees drawn up near
and pain should be felt by suddenly extending
them, if the breathing be hurried, the pulse frequent,
the stomach flatulent, and invariable, it may be



presumed that abdominal inflammation exists.

These two opposite states of the nervous system occur only occur in practice, one in which the sensibility is diminished, the other where it is increased, requiring of the medical examiner in order to avoid error as to the actual conditions of the abdominal viscera, due care in the examination.

Concerning the state of the lochia the most contradictory opinions have been held by different authors, but the evidence of Armstrong & other eminent writers on this subject, goes to disprove the assertion of the distinguished doctor Hamilton of Edinburgh, who says the Lochia is not suppressed in cases of true puerperal fever.

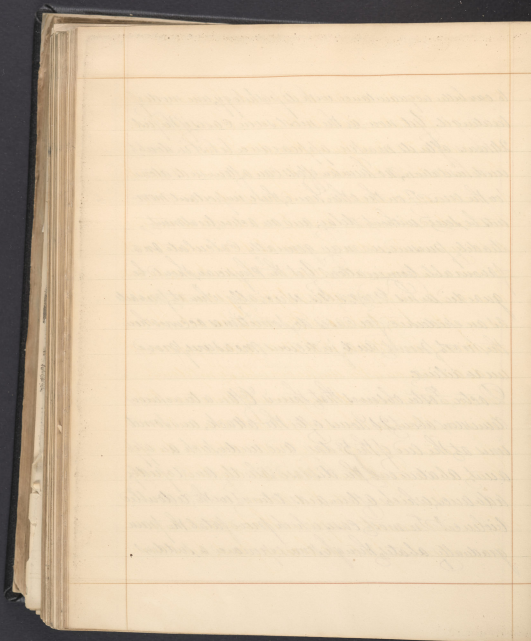
Prognosis.

This disease has always been considered one of the most formidable, and its progress has been marked with great fatality, though much less now than formerly, owing to

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to our better acquaintance with its pathology, one mode of
treating it. Yet now in the most severe cases, if the first
24 hours after its marked appearance be lost in doubt
and hesitation, no human efforts can afterwards alone
be the cure. On the other hand, these important moments
be seized without delay, and an active treatment
steadily pursued, we may generally calculate on a
favourable termination. Yet the Physician should be
guarded in his prognostic, especially when it presents
as an epidemic, for cases do sometimes occur when
the most prompt and judicious measures prove
unavailing.

Doctor Foster observes that there is often a transient
remission about 24 hours after the attack, and sometimes
at the end of the 3rd day and under such an appa-
rently abatement the disease silently and rapidly
advances, which often leads to a return with redoubled
violence. In most cases which prove fatal the pain
gradually abates, though some experience a sudden

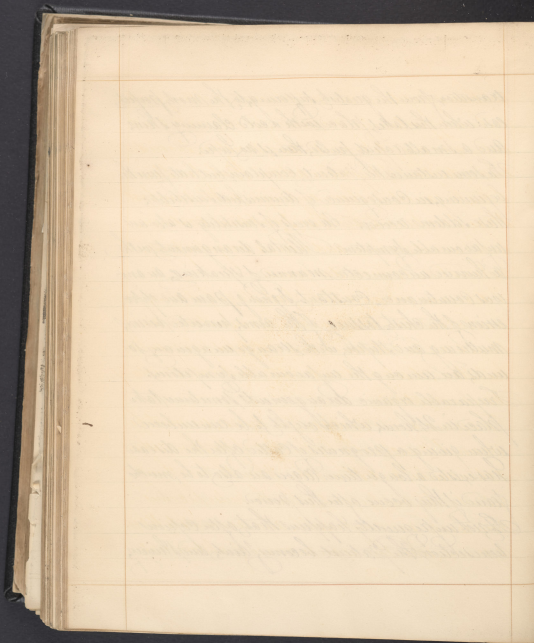


transition from the greatest suffering to the most perfect
ease: when this takes place with a cold clammy skin
and a small rapid pulse, there is no hope.

In some instances the patient complains but little from the
beginning, in consequence of diminished sensibility;
these seldom recover. An excess of sensibility is also an
unfavourable symptom. Mental derangements with
to them an unbecoming manner of speaking, an anx-
ious countenance, constant sighing, pain and oppre-
ssion of the chest, tossing of the arms, perverse visions,
muttering and stupor, with strange imaginary so-
unds, are among the unfavourable symptoms.

Irreparable organic derangements sometimes take
place in Uterus, which ought to be remembered
when giving a prognosis if called after the disease
has existed a long time. Rigors are also to be much
feared if they occur after this period.

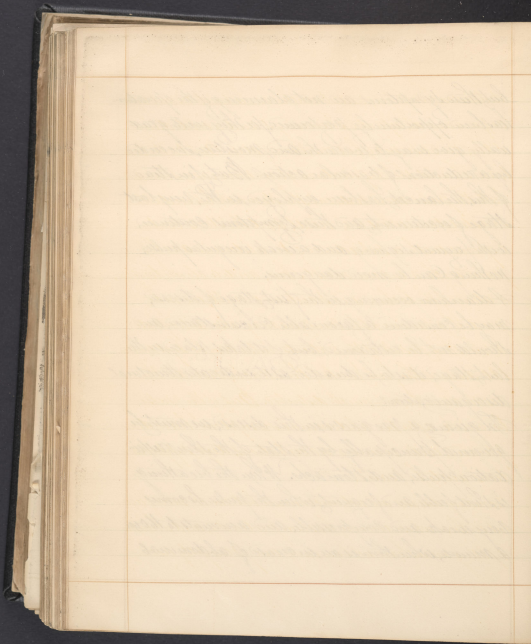
It not infrequently happens that after copious
hemorrhage the patient becomes faint and shivers,



but these symptoms are not alarming if the operation
has been opportunely performed, for they will gradu-
ally give way to heat, the skin moist, succeeded
by a restoration of vascular action. But if instead
of this, the lancet has been employed in the very last
stage of excitement, and these symptoms continue,
with frequent sighing and a weak irregular pulse;
nothing can be more dangerous.

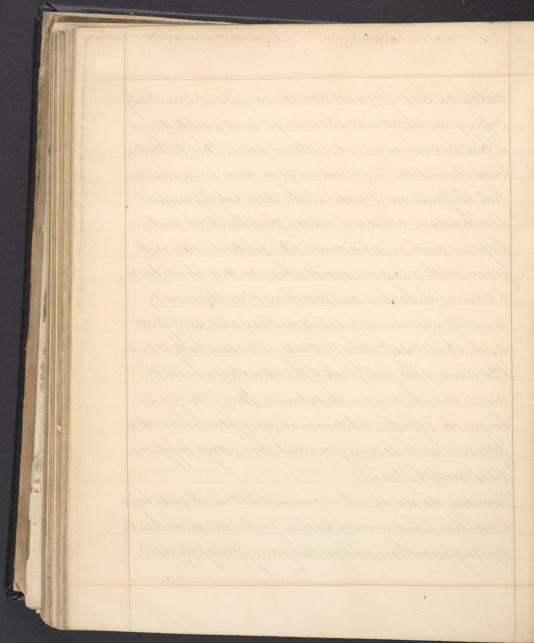
A diarrhoea occurring in the first stage of disease,
may be considered a favourable circumstance, and
should not be restrained; but if it takes place in the
last stage, it is to be dreaded as it indicates structural
disorganization.

In giving a prognosis in this disease, we must be
governed principally by the state of the skin, respi-
ration, pulse, and stomach. When the breathing
is short, feeble, and frequent, when the pulse becomes
very weak and compressible, and amounts to 160 in
a minute, when there is an increase of abdominal



distension, with frequent hiccups, or with rumbling
coffee grounds, repeated shiverings, and a cold clammy
skin, the case may be considered fatal. But, on the con-
trary, should the respiration grow more easy, slow and
full, the pulse more natural, the stomach inevitable-
ly retain what is offered, and the stools continue
copious, with a subsidence of the abdominal and leg
pain, with a warm moist skin, and a clean tongue,
a return of the lochia and secretion of milk, we may
predict a favourable issue; we may also anticipate
a pleasant result if the patient's pulse can be kept under
120 during the first week of the attack, provided the
respiration be not much disturbed. But if the pulse
be quick after the abdominal symptoms have dis-
appeared, with evening exacerbations, dyspnoea,
suppurations are to be feared.

Secondary diseases are not uncommon, but much more fre-
quent in those whose recovery has been protracted, and where the
depleting means have not been early and promptly used.



Seat of the Disease and its Proximate Cause

The anatomical examinations which have been made on the bodies of those who have died of this disease, as recorded in the writings of Gaden, Kulms, Clark, Leake, Home, Osmer and others, have presented the most incontestable traces of a highly inflamed condition of many of the viscera of the abdomen, as the liver, the stomach, the small and large intestines, but more especially the peritoneum, and had it was not restricted to any particular portion of its various convolutions.

The accurate dissections of Dr. Clark, have shown the existence of a fluid effusion in the cavity of the abdomen, in that of the chest, and even in the pericardium. These post mortem appearances, I conceive sufficiently prove the disease to consist of an inflammation, seated in the peritoneum and occasionally involving other parts. The objections which have been made to this view of its pathology from appearances of inflammation not having been observed in all cases, have arisen from the effusion or suppuration relieving the affected parts from the inflammation in which they were

previously inoculated. This spontaneous relief has been suf-
ficiently tested by numerous dissections, which have shown
large collections of pus, without any appearance of infla-
mmation, yet no one could affirm, pus is produced, by any
other process than inflammation.

Prevention

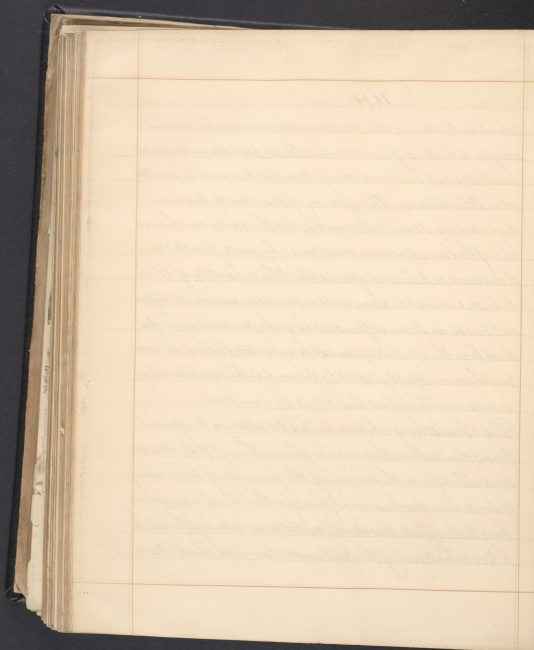
When this fever prevails as an epidemic (though it rarely do-
es in this happy Country) it always produces great alarm
in those, whose situation renders them an object of attack, and
as fear, is an exciting cause, it should be allayed as soon
as possible; the greatest address will therefore be requisite to
inspire them with confidence, in our means of pre-
vention. A constipated state of the bowels must be avoid-
ed. Stimulants are injurious and should be forbidden.
If indeed an attack of this fever should be apprehended,
it would be best to give the Antiseptic re-
gimen, and administer for the few first days, after labour
Purgatives; and the Child must not receive from the
breast more than 12 hours.

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I shall in treating of this, mention the remedies that are best adapted, to its different stages. In the first stage the treatment consists, in bloodletting, Emetics, Purgatives, and Stisters. Bloodletting. The efficacy of this remedy has been disputed by some able writers, but the early and liberal use of the lancet, is now considered by most practitioners of eminence, to be indispensable. The quantity of blood to be drawn at a time, will vary very much in different cases, in some a few ounces will produce syncope, and here the operation must be repeated, so long as reaction becomes fully established, until the expected relief is attained by what has already been done.

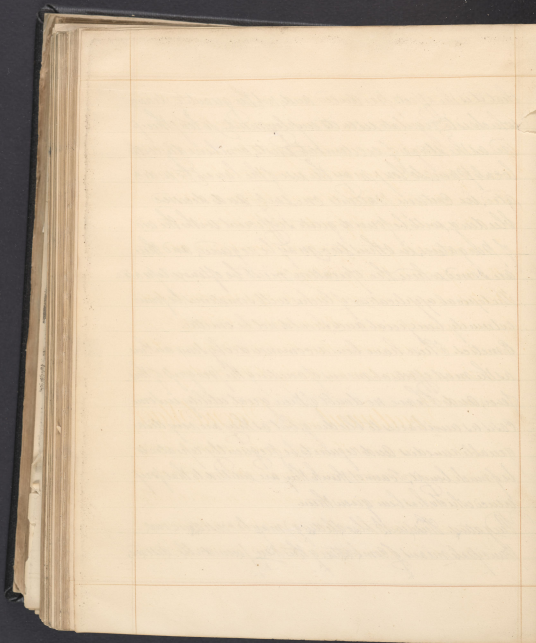
Dr. Armstrong observes, in his treatise on purgatives fewer than when there is no given authority that "It is not possible to fix, with propriety, the quantity of blood always to be drawn in purgative fevers, for that must vary according to the effects produced, and it may also be held as a practical rule of the first importance, in bloodletting."



that it is the effects produced and not the quantity drawn
which is to regulate us in its employment, so long there-
fore as the stage of excitement exists, combinedly with
local pain, so long may the use of the lancet be indic-
ated, in certain patients one early and decided
bleeding will be found quite sufficient with the aid
of purgatives, in others two may be required, and there
are some where the operation must be often repeated.
The topical applications of leeches will sometimes be found
extremely beneficial and should not be omitted.

Emetics. These have been recommended by some authors
as the most effectual means of arresting the progress of this
fever, and I have no doubt of their great utility in some
cases as auxiliaries to bleeding, but as they are very disa-
greeable remedies and require to be frequently repeated to
be of much benefit, I cannot think they are entitled to that pre-
ference which has been given them.

Purgatives. This (with bloodletting) may be considered our
principal means of combatting the very formidable disease.



and to derive the greatest advantage from them they must be
early exhibited and steadily pursued as long as the pain and
distension of the abdomen exist, with quick pulse, and offensive
stools. The particular purgatives to be used and the frequency
of their repetition, can only be determined by the circumstances regu-
lating their exhibition. If from torpor of the bowels or extreme
inaction the action of these agents are prevented, an enema
will often produce the happiest effects.

Purges. These have been considered doubtful remedies and as
they are very distressing as well as inconvenient I think they might
be generally dispensed with, without much detriment to
the patient but when they are employed they must be preceded
by evacuation.

Treatment in the Second Stage

When we have ascertained that the inflammation is about to be suc-
ceeded by the second stage, the lancet must be abandoned and
everything that has a tendency to excite should be excluded, such
as light, noise, company &c. Opium should suffer a diminution
in this period of the disease, requiring the temperature of the room

and covering of the patient to be a wrap. The extremities are also liable to become cold an equilibrium of heat must therefore be maintained by the application of warm bricks or bottles of hot water to them. The diet should be light, consisting of barley-water, rice-water, cream of whey &c. Strong coffee is often very grateful and sits well on the stomach and may be administered freely, especially if vomiting be troublesome. The depletion by the bowels must be continued, but not to the same extent as in the earlier stage of the disease. An eminent writer says that "When the abdomen is tympanic two or three drachms of the oil of turpentine combined with a dose of castor oil, will often diminish it in a very satisfactory manner."

Treatment in the Final Stage

If the case now may be considered nearly hopeless, it is our duty to render the unhappy victim all the comfort in our power; anything therefore that will contribute to this, should be resorted to, such as opiates, stimulants and cordials may now be freely given.

Experiment in the United States